

**UNITED STATES DISTRICT COURT
DISTRICT OF MASSACHUSETTS**

RADIANCE, INC.,

V.

SUMMONS IN A CIVIL CASE

TWIN CITY FIRE INSURANCE COMPANY,

CASE NUMBER: 1:10-CV-10120-RGS

TO: (Name and address of Defendant)

Twin City Fire Insurance Company
c/o Corporation Service Company
251 E. Ohio Street, Suite 500
Indianapolis, IN 46304

YOU ARE HEREBY SUMMONED and required to serve on

Jack R. Pirozzolo
Foley Hoag LLP
Seaport World Trade Center West
155 Seaport Boulevard
Boston, MA 02210-2600

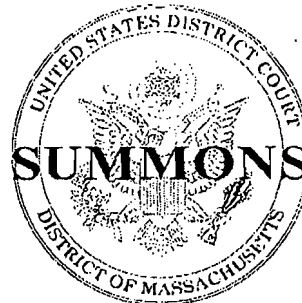
an answer to the complaint which is served on you with this summons, within 21 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

SARAH ALLISON THORNTON

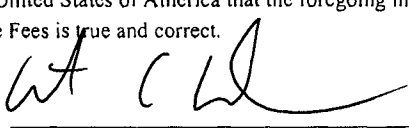
CLERK

/s/ - Mary Cummings

(By) DEPUTY CLERK



ISSUED ON 2010-01-27 11:27:25.0, Clerk
USDC DMA

RETURN OF SERVICE		
Service of the Summons and complaint was made by me (I)	DATE	01/27/10
NAME OF SERVER (PRINT) Catherine C. Deneke	TITLE	Attorney
<i>Check one box below to indicate appropriate method of service</i>		
<p><input type="checkbox"/> Served personally upon the defendant. Place where served: _____</p> <p>Left copies thereof at the defendant's dwelling house or usual place of bode with a person of suitable age and discretion then residing therein.</p> <p><input type="checkbox"/> Name of person with whom the summons and complaint were left: _____</p> <p><input type="checkbox"/> Returned unexecuted: _____</p> <p><input checked="" type="checkbox"/> Other (specify): Sent summons and complaint via certified mail on 1/27/10. Received by agent on 2/1/10.</p>		
STATEMENT OF SERVICE FEES		
TRAVEL	SERVICES	TOTAL \$0.00
DECLARATION OF SERVER		
<p>I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;"> <p>Executed on</p> <p style="text-align: center;">03/01/10</p> <p style="text-align: center;">Date</p> </div> <div style="width: 60%; text-align: center;">  <p>Signature of Server</p> <p>Foley Hoag LLP</p> <p>155 Seaport Blvd, Boston, MA 02210</p> <p>Address of Server</p> </div> </div>		

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Received by (Please Print Clearly) <i>Chris Stallone</i> B. Date of Delivery	
1. Article Addressed to: <i>Corporation Service Company</i> <i>251 E. Ohio St., Ste. 500</i> <i>Indianapolis, IN</i> <i>46204</i>		C. Signature <i>Chris Stallone</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
2. Article Number (Copy from service label) <i>6548</i>		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Required	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

Foley Hoag LLP
Seaport World Trade Ctr. West
155 Seaport Blvd.
Boston, MA 02210-2600
Attn: Catherine Deneke



U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To:

Postage \$

Certified Fee

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Postage & Fees \$

Name (Please Print Clearly) (to be completed by mailed)

Corporate Service Co.

Street, Apt. No., or PO Box No.

151 E. Ohio St, Ste 500

City, State, ZIP+4

Indianapolis, IN 46204

PS Form 3800, July 1999 See Reverse for Instructions

7099 3400 0010 0100 5214 8459

281435
C. Beneta

PORTLAND
JAN 17 2010